

HCS HB 986 -- MO HEALTHNET PHARMACY PROGRAM

SPONSOR: Wood

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Budget by a vote of 22 to 10.

This bill modifies provisions of the MO HealthNet pharmacy program.

POLYPHARMACY AND ANTIPSYCHOTIC MEDICATIONS

This bill modifies existing language relating to psychotropic medications and requires the MO HealthNet Division to establish a polypharmacy program for high-risk MO HealthNet participants with numerous or multiple prescribed drugs or medications and establish a behavioral health pharmacy and opioid surveillance program to encourage the use of best medical evidence-supported prescription practices. The division shall issue provider updates to enumerate specified treatment and utilization principles for MO HealthNet providers, including treatment principles relating to antipsychotic drugs or medications.

If the division implements any new policy or point-of-sale clinical edit for an antipsychotic drug or medication, the division shall continue to allow MO HealthNet participants access to any antipsychotic drug or medication that they use and on which they are stable or that they have successfully used in the past. Additionally, the following shall apply to the prescribing of antipsychotics:

(1) If an antipsychotic drug or medication is listed as "non-preferred" in the MO HealthNet pharmacy formulary and is considered clinically appropriate for an individual patient, prior authorization shall be simple and flexible;

(2) If an antipsychotic drug or medication is listed as "non-preferred" and is known or found to be safe and effective for a patient, the division shall not restrict the patient's access to the drug or medication and such drug or medication shall be considered "preferred" for that patient;

(3) A patient shall not be required to change antipsychotic drugs or medications due to changes in medication management policy, prior authorization, or a change in the payor responsible for the benefit; and

(4) Patients transferring from state psychiatric hospitals to community-based settings shall be permitted to continue their medication regimens.

The division's medication policy and clinical edits shall provide MO HealthNet participants initial access to multiple FDA-approved antipsychotic drugs or medications that have substantially the same clinical differences and adverse effects that are predictable across patients and whose manufacturers have entered into rebate agreements with the federal Department of Health and Human Services and specify the categories of available drugs or medications that shall be made available to participants (Section 208.227, RSMo).

PRESCRIPTION DRUG REBATES

This bill requires pharmaceutical manufacturers to pay to the state, in accordance with federal law, rebates on eligible utilization of covered outpatient drugs dispensed to MO HealthNet participants as follows:

- (1) For single source drugs and innovator multiple source drugs, rebates shall reflect the manufacturer's best price; and
- (2) For single source drugs and innovator and noninnovator multiple source drugs, any additional rebates as necessary to account for certain price increases in excess of inflation (Section 208.229).

MO RX PROGRAM

This bill modifies provisions relating to the Missouri Rx Prescription Drug Program by requiring applicants household income limits for eligibility to only apply to Medicaid dual eligible individuals (Section 208.790).

The provisions of the MO Rx program will sunset in five years on August 28, 2022.

This bill is similar to SCS SB 433 (2017).

PROPONENTS: Supporters say that this bill is about reducing pharmacy costs, providing better control of prescriptions, and allowing psychotropic medications to be reviewed and managed in the same manner as other medications.

Testifying for the bill were Representative Wood and the Missouri Pharmacy Association.

OPPONENTS: Those who oppose the bill say that this bill creates barriers to patients accessing mental health drugs that best manage their disease by implementing a preferred drug list and management protocols that compromise their safety.

Testifying against the bill were Associated Industries of Missouri; Jacqueline Hudson, NAMI St. Louis; Richard Stevenson; Mark Utterback, Mental Health America; Mark Routburg; Empower Missouri (Formerly MO Association for Social Welfare); Karen Ratay Green; Tamara Kenny, Catholic Charities St. Louis; PhRMA; Scott Perkins, NAMI Missouri; and Theresa San Luis.